

1.) CORPORATION NAME:

DUE DATE: **3/31/2012**

CDM Smith Inc.

SCC ID NO: **F1541863**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	5,000,000
COMB	15,000,000
COMC	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE CAMBRIDGE PLACE, 50 HAMPSHIRE STREET

CITY/ST/ZIP: CAMBRIDGE, MA 02139-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN D. MANNING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	50 HAMPSHIRE ST		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02139-		
NAME:	ROBERT W. MCCARTHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE CAMBRIDGE PLACE, 50 HAMPSHIRE STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02139-		
NAME:	RICHARD D FOX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN		
ADDRESS:	50 HAMPSHIRE		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02139-		
NAME:	JAMES S. LACKMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CLERK OF CORP		
ADDRESS:	ONE CAMBRIDGE PLACE, 50 HAMPSHIRE ST		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02139-		
NAME:	PAUL R. BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1925 PALOMAR OAKS WAY		
CITY/ST/ZIP/CO:	CARLSBAD, CA 92008-		

NAME:	PAUL G CAMELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 HAMPSHIRE ST.		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02139-		
NAME:	WILLIAM S HOWARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 HAMPSHIRE ST.		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02139-		
NAME:	WILLIAM K O'BRIEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	260 BEACON STREET #6		
CITY/ST/ZIP/CO:	BOSTON, MA 02116-		
NAME:	PAUL R SHEA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 17TH STREET, SUITE 1100		
CITY/ST/ZIP/CO:	DENVER, CO 80202-		
NAME:	HOWARD H STEVENSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	31 FAYERWEATHER STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02138-		
NAME:	GUILLERMO J. VICENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 HAMPSHIRE ST		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02139-		
NAME:	GAE A WALTERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2007 ALAQUA LAKES BLVD		
CITY/ST/ZIP/CO:	LONGWOOD, FL 32779-		
NAME:	CHARLENE P ALLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 HAMPSHIRE ST.		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 13209-		
NAME:	ALEX H MAKLED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 BEVEDERE RD., SUITE 400 EAST		
CITY/ST/ZIP/CO:	WEST PLAM BEACH, FL 33406-		
NAME:	M. STEVENSON SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 GERVAIS STREET SUITE 1600		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29201-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TIMOTHY B WALL		
TITLE:	DIRECTOR		
ADDRESS:	50 HAMPSHIRE STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 13206-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES S. LACKMAN	JAMES S. LACKMAN, CLERK OF	2/28/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CORP	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			